

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

318

1003

760

1. PLACE OF DEATH:

(a) County.....  
(b) City or town.....**St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....**9 Days**  
(Specify whether  
In this community.....**Sunce Birth**  
years, months or days)

3. (a) PRINT FULL NAME.....**William H. Schweickhardt**

3. (b) If veteran, name war.....**None**  
3. (c) Social Security No.....

4. Sex.....**Male**  
5. Color or race.....**White**  
6. (a) Single, widowed, married, divorced.....**Married**

6. (b) Name of husband or wife.....**Louise (ne Weber)**  
6. (c) Age of husband or wife if alive.....**69** years

7. Birth date of deceased.....**Feb. 7, 1871**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**71** ~~72~~ **11** ~~17~~ hr. min.

9. Birthplace.....**St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation.....**Salesman**

11. Industry or business.....**Blackwell-Wielandy**

12. Name.....**Bernard Schweickhardt**  
13. Birthplace.....**Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name.....**Margaretha Leppert**  
(City, town, or county) (State or foreign country)

15. Birthplace.....**Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant.....**Louise Schweickhardt**  
(b) Address.....**4508 Athlone Avenue**

17. (a) Burial (Burial, cremation, or removal).....**Burial**  
(b) Date thereof.....**1/27/43**  
(Month) (Day) (Year)

(c) Place: burial or cremation.....**Oak Grove Cemetery**

18. (a) Signature of funeral director.....**Math. Hermann & Son**

(b) Address.....**216 1/2 East Fair Avenue**

19. (a) (b) **J. F. [Signature]**  
(Date received final report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Missouri** (b) County.....  
(c) City or town.....**St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No.....**4508 Athlone Avenue**  
(If rural, give location)  
(e) Citizen of foreign country?.....**No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**January** day.....**24,**  
year.....**1943** hour.....**11:55** minute.....**A.** M.

21. I hereby certify that I attended the deceased from.....**January**  
**16,** 19**43** to **January 24,** 19**43**  
that I last saw him alive on.....**January 24,** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....**Hemiplegia left**  
**from Cerebral Hemorrhage**  
Due to.....**Generalized arteriosclerosis**

Due to.....**83**  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....**none**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)  
(c) Means of injury.....

23. Signature.....**Dr. [Signature]** (M. D. or other)  
Address.....**1515 Lafayette Avenue,** Date.....**1/25/43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Francis A. Williamson*

Licensed Embalmer No.....

*3565*

P. O. Address.....

*St Louis Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**